

## LETTERS

### **Practice of Pharmacy and Language Competency: Delivery of Integrated Cross-cultural Care**

*To the editor.* Student pharmacists in countries where English is used for on-campus instruction but is not the national language may face difficulties when it comes to effectual communication with patients during experiential learning in clinical settings. Having effective communication skills is one of the traits of professionalism,<sup>1</sup> and is not only one of the core competencies in becoming a better practicing pharmacist, but also an integral part of effective pharmaceutical care planning.<sup>2</sup>

Seemingly, on the view on cultural competency as one of the traits of professionalism in pharmacy education,<sup>3</sup> most of the articles have mentioned the predestined importance of language and the knowledge of language as integral components to cultural competency.<sup>4-6</sup> Some even have looked at cultural competency as a defense against healthcare disparities,<sup>4</sup> as speaking the same language minimizes the possibilities of “otherizing” and stigmatization in the delivery of cross-cultural care.

Knowledge of a language is imperative to effective communication. For example, patients may feel powerless if they cannot communicate with their healthcare provider.<sup>5</sup> Likewise the healthcare provider may feel helpless if he cannot communicate with the patient. There are several reasons for the lack of ability to effectively communicate with a patient, which may not be the incompetence and ineptitude of the health care provider.

Using a language that embraces the concept of pharmaceutical care<sup>3</sup> alone is not enough as the concept of pharmaceutical care has to be communicated to the receiving end (the patient) using the dialect or the language which is understood and comprehended by the patient. However, it is unclear whether it is the duty of the patient to learn the language (if the patient is an ethnic or linguistic minority) or the duty of the health care deliverer

to learn the language (if the health care provider is an ethnic or linguistic minority).

Additionally, it is unclear whether it is the responsibility of health care educators to institutionalize the national language modules in their curriculum for those foreign students who are studying professional health programs like pharmacy, nursing, medicine, etc. Finally, we feel that there is an urgent need for a more robust pharmacy curriculum to tailor to the needs of foreign health students in multilingual countries where the national language is not English.

*To have another language is to possess a second soul.*

-Charlemagne

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